

Intent:

This report contains high-level information on the Prescription Drug Monitoring Program (PDMP) and is intended to provide a summary of registration and reporting data specific to your profession. Data in this report includes information through January 31, 2019.



Overview:

The PDMP began in 2008 and mandatory registration, reviewing, and reporting requirements went into effect in July 2017. All actively licensed practitioners with a valid DEA registration are required to register with the database; however, there are both practice-specific and supply-duration exemptions in AS 17.30.200(k) and (u) in which practitioners are not required to consult the PDMP. Generally, practitioners are required to review patient prescription history before prescribing, administering, and/or directly dispensing a federally scheduled II – IV controlled substance. If directly dispensing, practitioners must report this information to the PDMP. Indian Health Service, Veterans Administration, Military, and other federal practitioners and pharmacists are not required to register and are therefore not required to interact with the database.

Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

Updates and Imminent changes:

- PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a \$25.00 fee to be submitted before access to the controlled substance prescription database is granted.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: ‘Pharmacist’ to ‘IHS Dispenser’.
- Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers, which are searchable by name under the program ‘Prescription Drug Monitoring Program’ at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>
- Enhancement features of interest include Clinical Alerts, NarxCare, and the Compliance Module.
- An enhancement feature that is currently in-progress is License Integration, for which the PDMP received grant funding from the Bureau of Justice Administration (BJA) to implement

Data:

The Alaska State Board of Pharmacy regulates several license types, including pharmacists, pharmacy technicians, and pharmacy interns. All pharmacist licensees are required to register with the PDMP user role, ‘Pharmacist’, unless working for a federal employer (IHS, VA, military, etc.). Pharmacy technicians and interns may register as delegates for Pharmacist users.

As of January 31, 2019, there are a total of 7,070 registered users, 972 of which are registered using the ‘Pharmacist’ role and 40 are registered using the ‘Pharmacist-in-Charge’ role (Figure 1). Pharmacists are among the top 3 professions of registered users and the majority of active licensed pharmacists are registered; the proportion of total licensed pharmacists to other professions with the PDMP is 14%, where pharmacists have reached 95% registration compliance (Figure 2; excluding out-of-state

pharmacists). Additional licensed pharmacists not represented under the 'Pharmacist' user role may be inclusive of other dispenser roles, including IHS Dispenser or VA Dispenser; the compliance rate may be higher than depicted in Figure 2 due to registration under other relevant user role categories.

Active PDMP Users

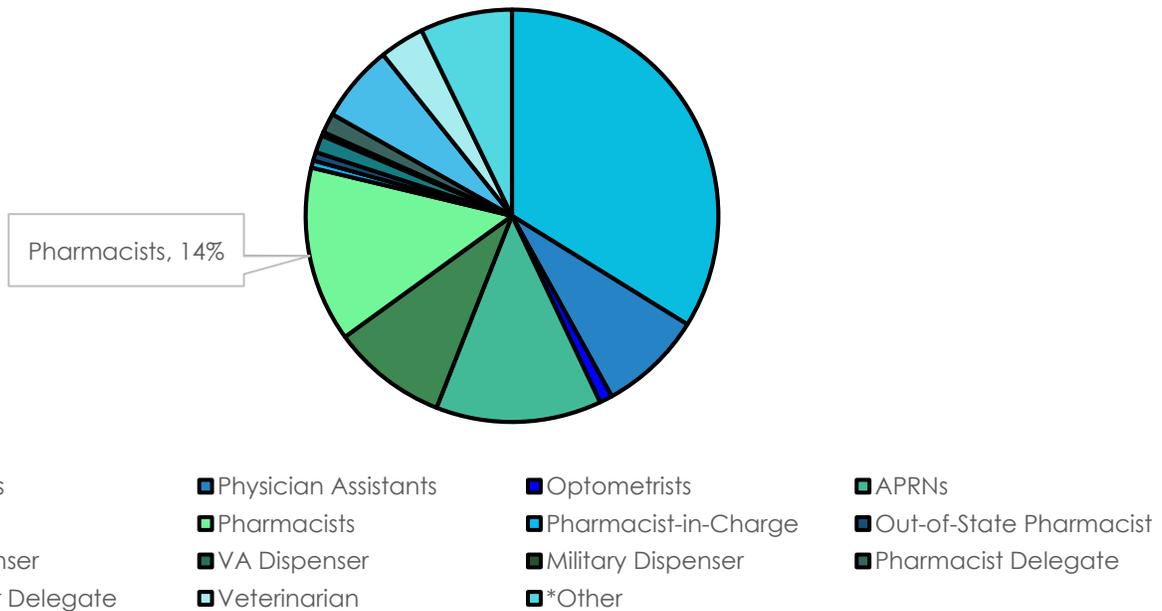


Figure 1 A. The Pharmacists user role category comprises 14% of actively registered users. A breakdown of additional pharmacy-related registrations are included in Figure 1 C. *Other includes admin, medical residents with prescriptive authority, medical examiner/coroner, medical interns, and medical residents.

Registration Trend (Cumulative): Pharmacists

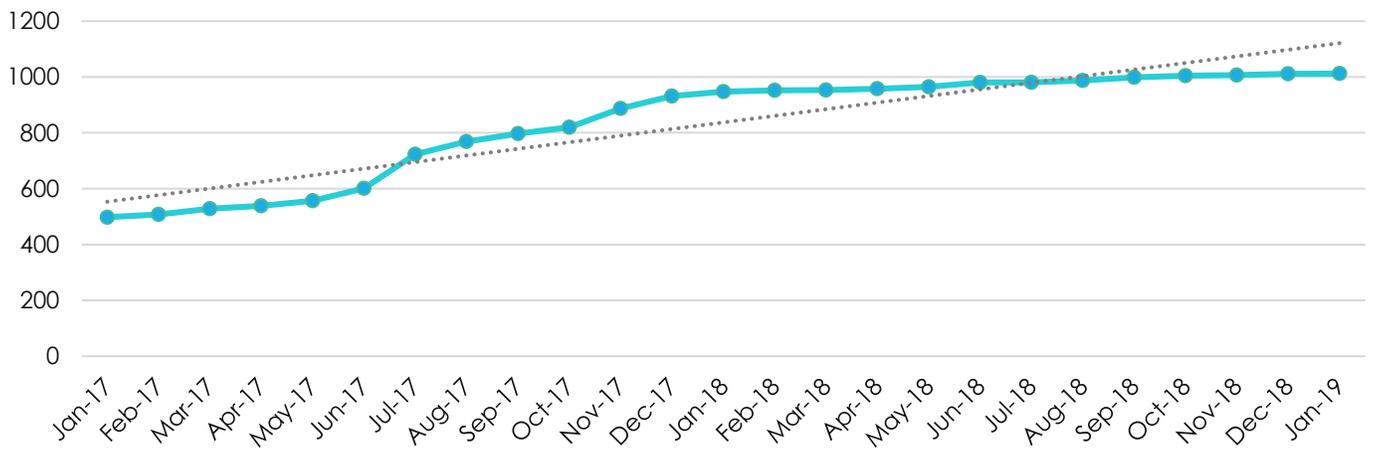


Figure 1 B. The PDMP registration trend for pharmacists from 2017 to 2018 reflects a steady increase over time. The base registration count at by the end of 2016 was 494 pharmacists.

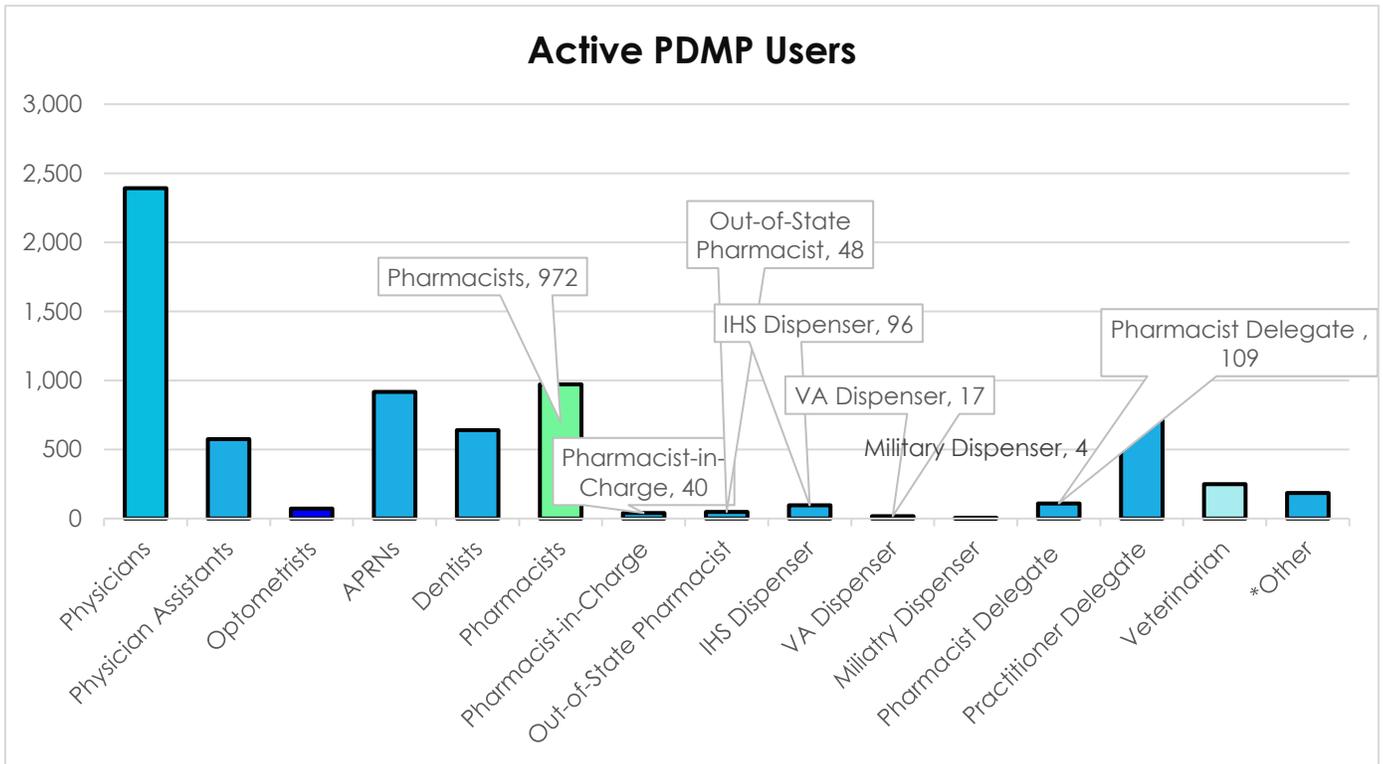


Figure 1 C. A breakdown of pharmacy-related user roles.

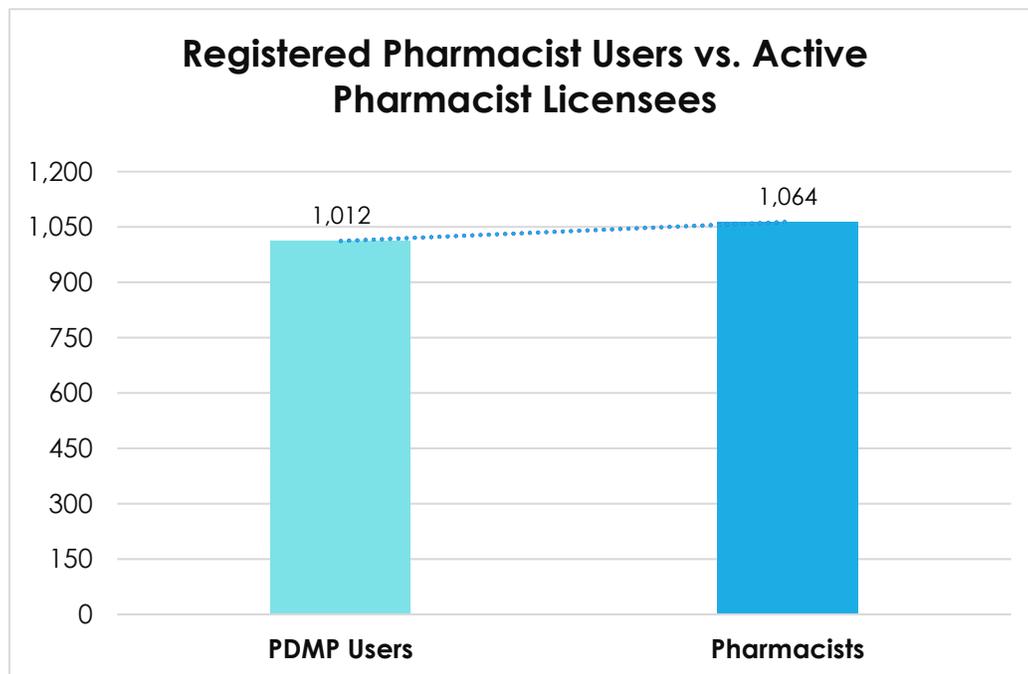


Figure 2. The proportion of licensed pharmacists to registered PDMP users (pharmacists and pharmacist-in-charge user roles; excludes out-of-state pharmacists). This represents a compliance rate of 93%, meaning only 7% of licensees potentially required to register are not yet registered or are registered under a federal user role category. When considering VA, IHS, and Military dispenser users (n=117), this compliance rate increases to 106% and may be inclusive of IHS or VA pharmacists who also have an active Alaska pharmacist license.

The PDMP AWARe platform includes capabilities to run threshold reports when a patient has met or exceeded an established threshold. The Alaska Board of Pharmacy established a 5-5-3 threshold during their January 29 – 31, 2014 board meeting (Figure 3).

Threshold Period	Criteria	# of Patients
03-01-2018 to 06-01-2018	5 prescribers + 5 pharmacies over a three-month period	40
06-01-2018 to 09-01-2018	5 prescribers + 5 pharmacies over a three-month period	21
09-01-2018 to 12-01-2018	5 prescribers + 5 pharmacies over a three-month period	21
12-01-2018 to 03-01-2019	5 prescribers + 5 pharmacies over a three-month period	TBD

Figure 3. Threshold reports are generated every three months. The last report generated for 09-01 to 12-01 resulted in 40 instances in which a patient met or exceeded the threshold criteria. Boards are notified only when a licensee has contributed to a patient meeting or exceeding this threshold—licensee names are not disclosed.

The following figures (4 and 5) reflect pharmacist interactions with the PDMP AWARe platform.

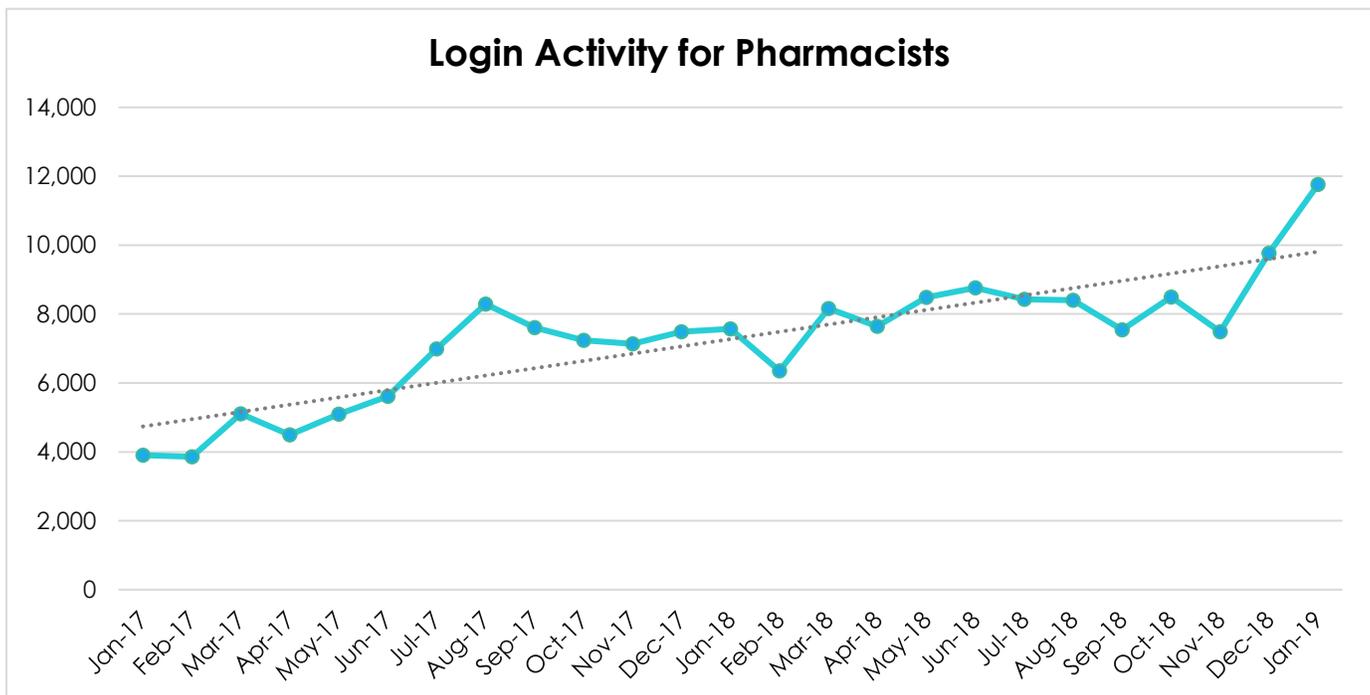


Figure 4. Pharmacists are not required to login to check patient prescription history, however, this graph shows that pharmacists are maximizing efforts to prevent doctor shopping of controlled substance prescriptions.

Patient Prescription History Query Activity for Pharmacists

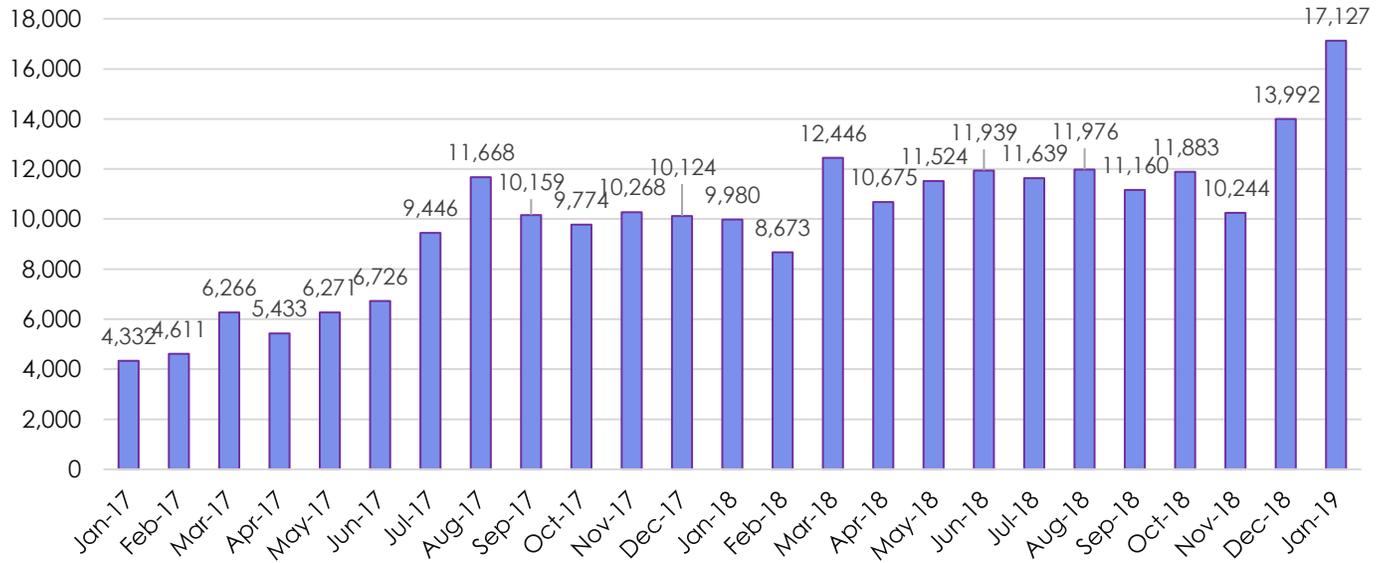


Figure 5. Pharmacists are not required to login to check patient prescription history, however, consistent with login activity trends, pharmacists are consulting the PDMP when dispensing medications.

Adjusted Login Activity by Profession (2018)

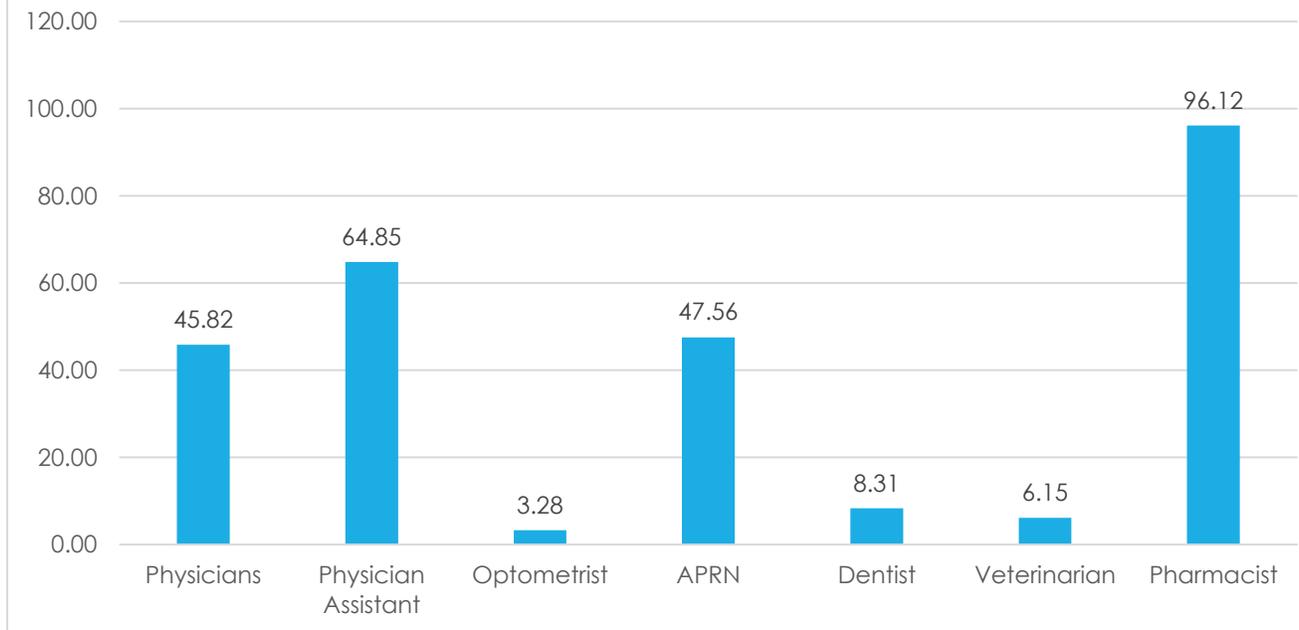


Figure 5. Adjusted by registered user count. Of mandatory professions required to register with the PDMP, pharmacists are the only providers not required to login to view patient prescription history; however, they have the highest login rate adjusted by the number of registered users in their profession. The average login per one pharmacist is 96 times a year. Optometrists have the lowest login rate per at 3 logins per year per optometrist.

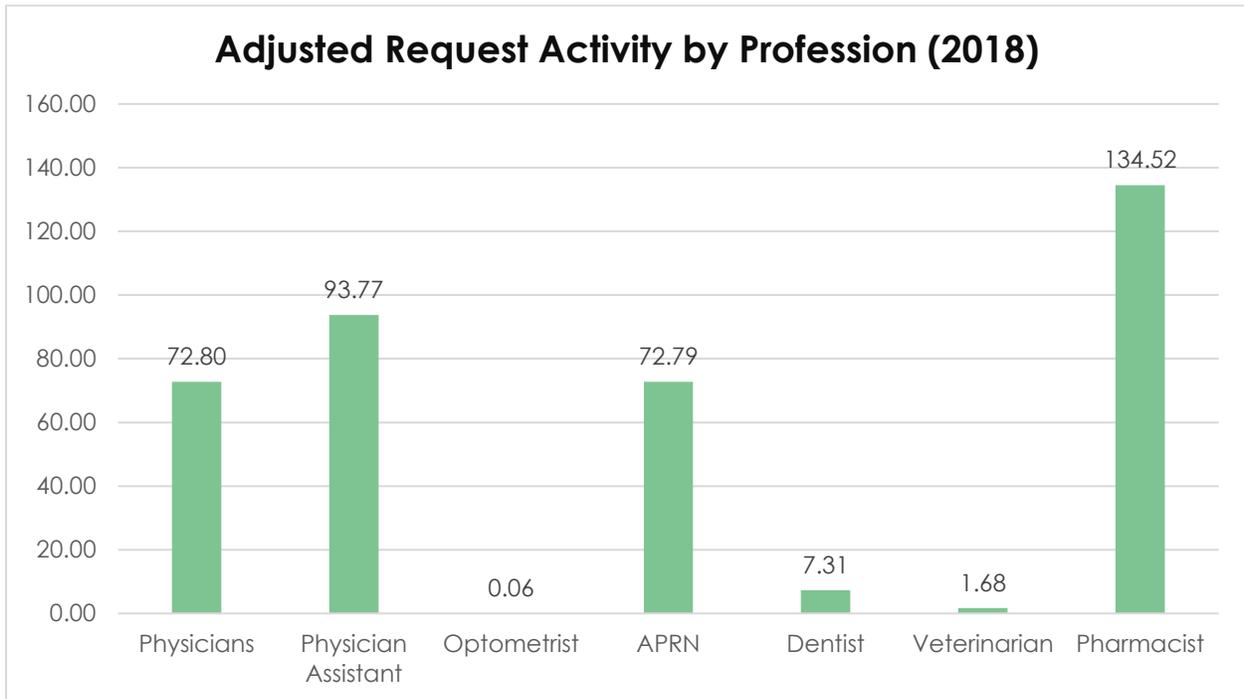


Figure 6. Adjusted by registered user count. Of mandatory professions required to register with the PDMP, pharmacists are the only providers not required to login to view patient prescription history; however, they have the highest patient request activity adjusted by the number of registered users in their profession. The average login per one pharmacist is 134 times a year. Optometrists have the lowest login rate per at less than one logins per year per optometrist.

Under AS 17.30.200(d)(1) and 12 AAC 52.860(b), local, state, and federal law enforcement officials may receive information contained within the PDMP upon a search warrant, subpoena, or order issued by an administrative law judge or court. The number of subpoenas issued by the Drug Enforcement Administration are included in figure 6, below.

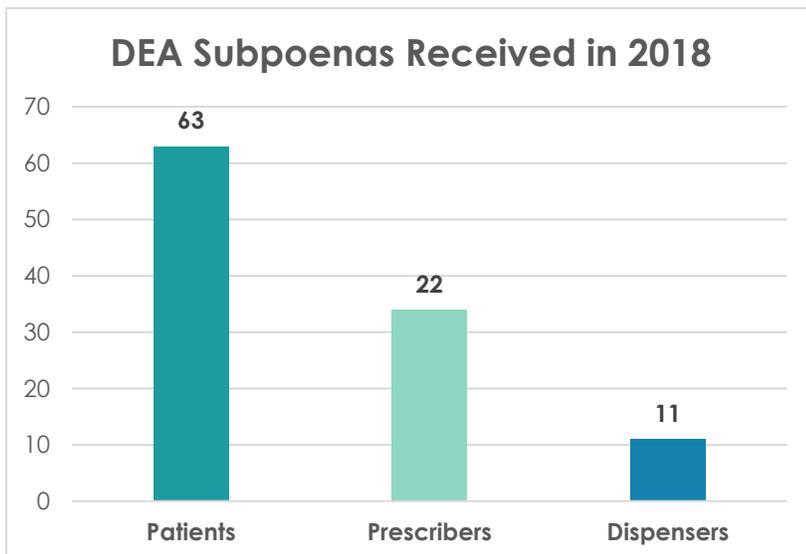


Figure 6. The PDMP manager has responded to 100% of the DEA subpoenas received in 2018. So far in 2019, the PDMP manager has responded to 23 subpoenas and will respond to 3 pending subpoenas before the deadline on March 10th.

Figure 7 captures the number of delinquent pharmacies through January 2019. Reporting is required daily per AS 17.30.200(b) and 12 AAC 52.865(b).

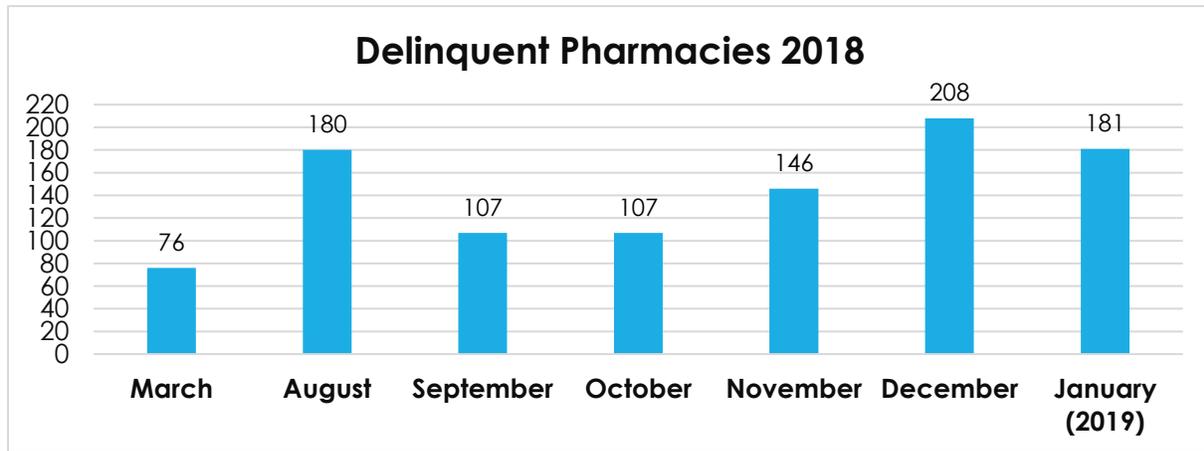


Figure 7. The number of delinquent pharmacies has more than doubled since the last compliance report. Pharmacies will be contacted via mail to correct reporting gaps. This also includes delinquent prescribers required to be reporting daily.

The following data (Figures 8 through 10) represents information not specific to any given profession and provides a general summary of PDMP trends as recorded in the controlled substance prescription database.

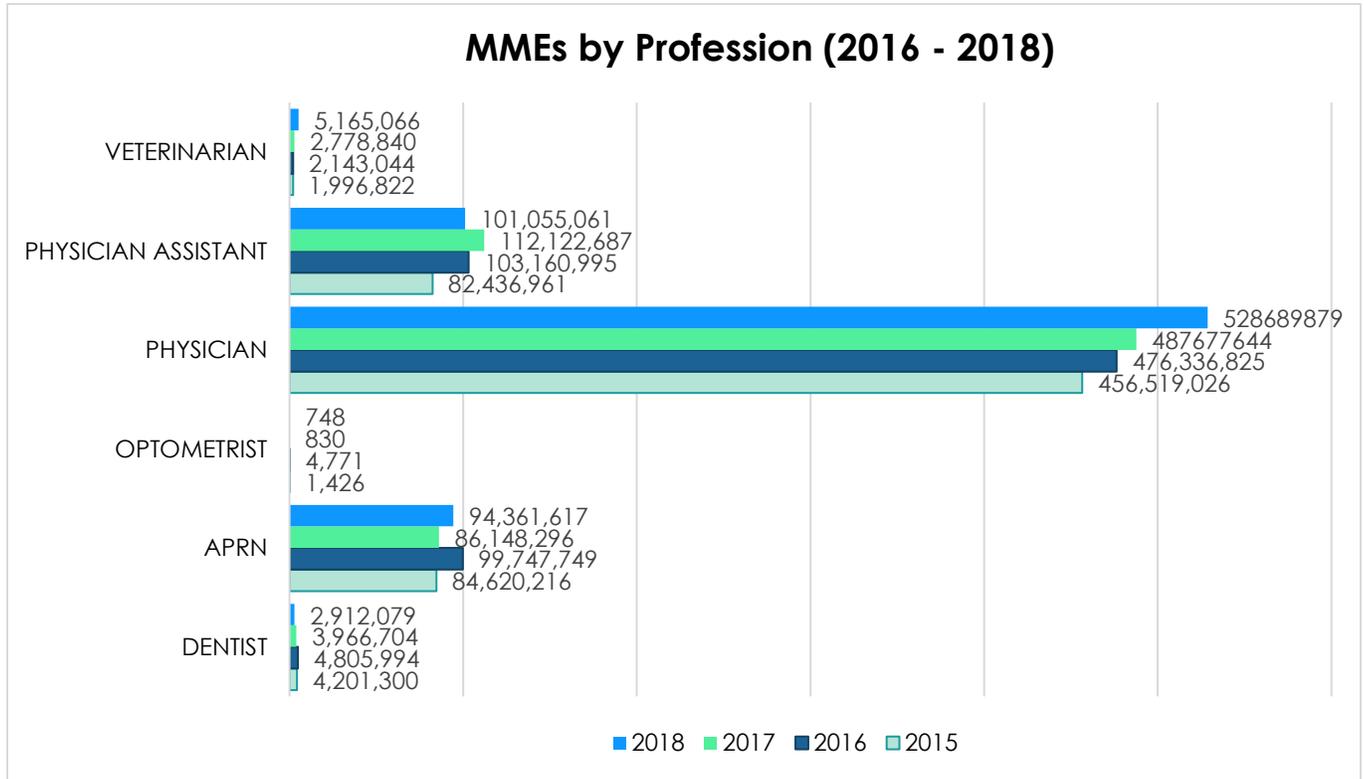


Figure 8. Total MMEs dispensed from 2015 - 2018.

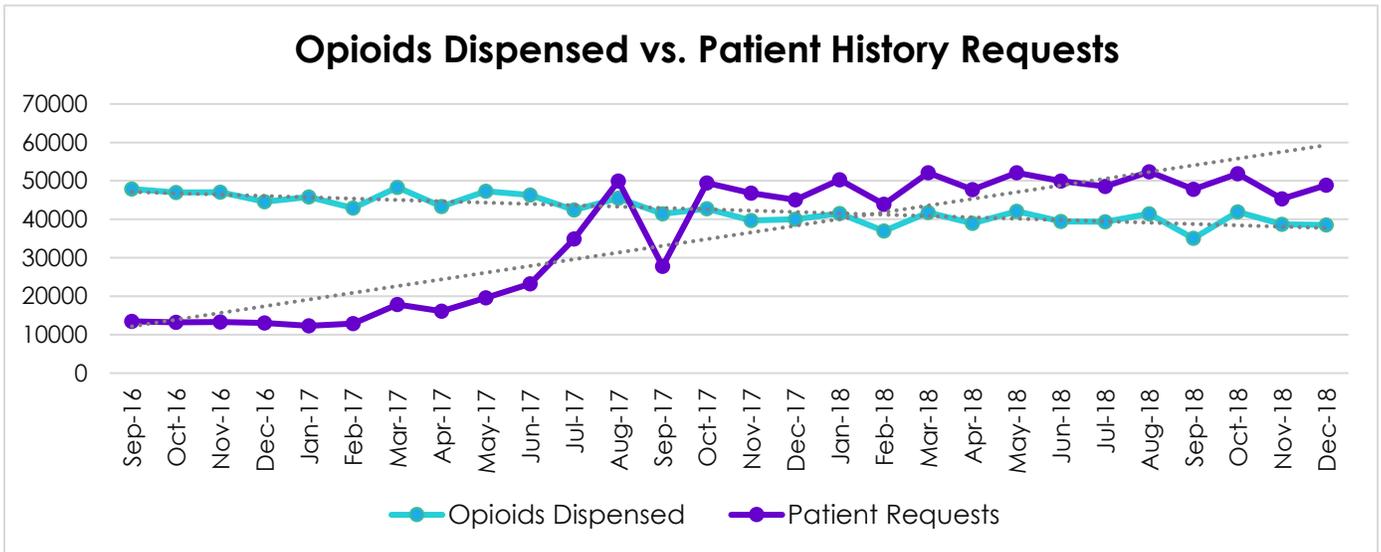


Figure 10. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

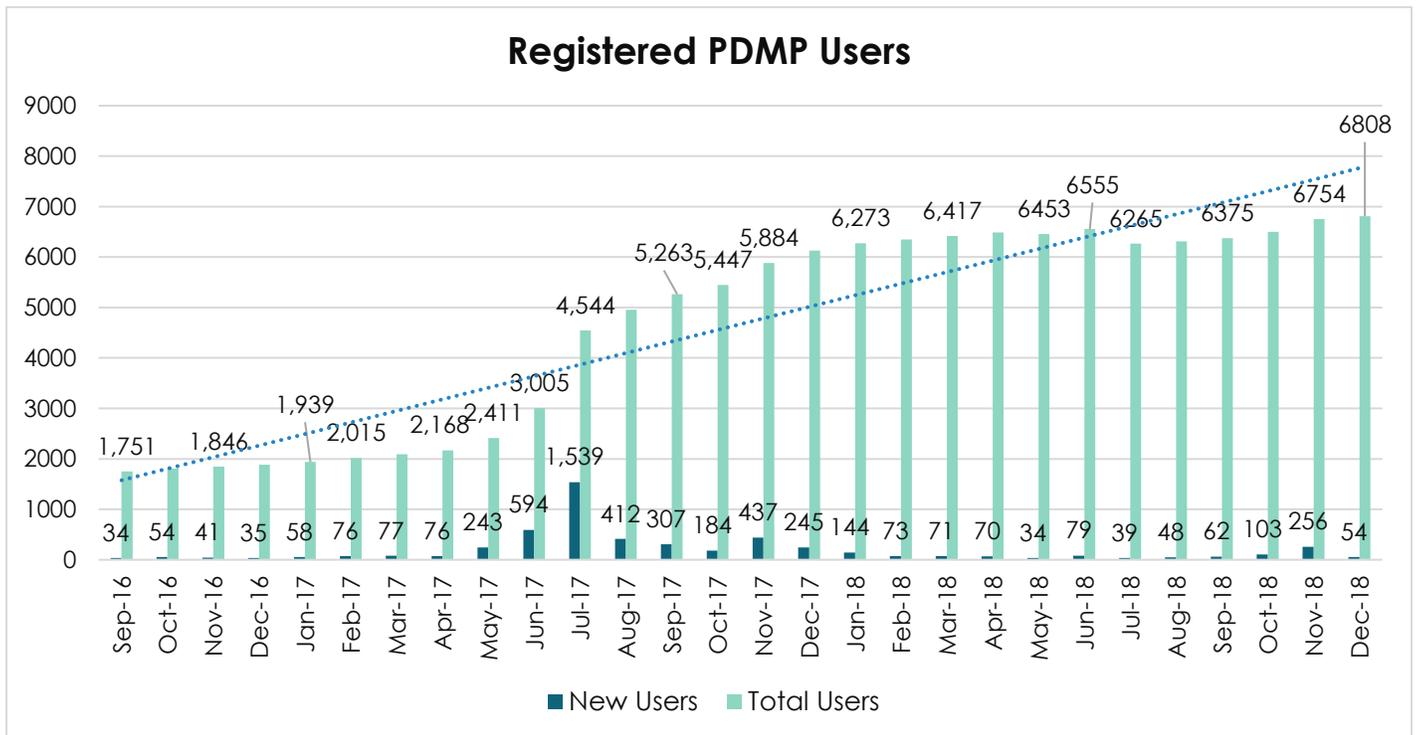


Figure 4. Registered users have steadily increased following mandatory registration.